2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 19, 2007 8:00 am Secretary of State DOCUMENT # P97000048414 03-19-2007 90067 002 ***150.00 AFFORDABLE GLASS PROTECTION, INC. ひとどうしひひと Principal Place of Business Maifing Address 2555 MICHIGAN ST 2555 MICHIGAN ST W. MELBOURNE, FL 32904 W. MELBOURNE, FL 32904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3455091 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, VAN R Street Address (P.O. Box Number is Not Acceptable) 2555 MICHIGAN ST W. MELBOURNE, FL 32904 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VPO Change ☐ Addition TITLE TITLE Delete NAME CHAMPION, RICKIE NAME STREET ADDRESS 2555 MICHIGAN ST STREET ADDRESS CITY-ST-ZIP W. MELBOURNE, FL 32904 CITY-ST-ZIP VPM TITLE Delete TITI E Addition NAME FLYNN, DARREN NAME 1848 HIGHLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-ZIP ☐ Addition TITLE Delete JACKSON, VAN R NAME NAME STREET ADDRESS 2555 MICHIGAN ST STREET ADDRESS CITY-ST-ZIP W. MELBOURNE, FL 32904 CITY-ST-ZIP TITI F Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

321-288-0176 Daytime Phone #

FILED